

AMERICAN INDIAN SCREENING INITIATIVE

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A. General Description

Montana has identified American Indian women as a priority population for breast cancer screening. American Indian women in Montana are under-screened for breast cancer relative to the rest of the population. In 2005, 45% of age-eligible American Indian women reported that they had not had a mammogram within 2 years (Montana American Indian BRFSS survey 2005). Nearly half of Montana's American Indian population lives on one of seven reservations, which lie in frontier counties. This geographical isolation is a specific barrier for American Indian women and is addressed in the Montana Breast and Cervical Health Program's American Indian Screening Initiative.

The MBCHP established the American Indian Screening Initiative (AISI) in year 2000 to put focus on the screening of American Indian women. In 2005 the American Indian Screening Initiative Phase II was established. This model utilizes a combination of direct relationships and subcontracts through the administrative sites to administer MBCHP services.

As part of the AISI, the MBCHP established a Memorandum of Understanding with the Billings area Indian Health Service, the Salish and Kootenai Tribes, and the Chippewa and Cree Tribes to provide breast and cervical cancer screening to American Indian women.

B. Enrolled Medical Service Provider Networks

Indian Health Service (IHS) and compacted tribal reservation clinics are enrolled in the program as health care facility/clinic. Administrative sites act as liaisons between the medical service providers and the MBCHP. Administrative sites work with the subcontractors to answer provider questions about the program and assist with orienting providers to the program. ♦

Clinics with a formal direct relationship with the state MBCHP will have assistance from the state MBCHP staff for medical service provider liaison activities. Refer to Chapter 2 B-2 for responsibilities related to medical service provider liaison activities.

Medical Service providers agree to follow clinical protocols and procedures regarding breast and cervical cancer screening and follow-up procedures that have been approved by the MBCHP. ❖

C. Screening Support Activities

IHS assigned staff, reservation appointed staff and subcontractors:

a. provide the following screening support services to all MBCHP clients:

- client intake and eligibility determination
- client referral to registration/appointment for services
- client outreach and education
- client counseling related to MBCHP services
- client tracking and follow-up of all test results including abnormal test results
- client transportation arrangement as needed
- arrange targeted mammography events/days to assure all MBCHP eligible clients receive mammograms

b. meet an annual screening and rescreening goal for all eligible women enrolled in the MBCHP.

c. ensure that at least 20 percent of MBCHP clients are women who, at the time of MBCHP enrollment, have never been screened or who have not had a Pap test within 5 years.

d. ensure that not more than 25 percent of all MBCHP clients who have three consecutive normal Pap tests within a 5-year (60 month) period receive a fourth Pap test paid for by the MBCHP.

e. ensure that claims are filed for clinical services.

f. maintain a tracking and follow-up system to ensure that clients are notified of all test results, obtain appropriate diagnostic tests and follow-up care, and receive reminders for annual and/or short-term follow-up rescreening. (See Ch. 6, Part B-5)

g. maintain complete documentation of patient eligibility, screening, and follow-up services on the MBCHP data collection forms (see Appendix B).

D. Montana American Indian Women's Health Coalition (MAIWHC)

The MAIWHC is funded through the Montana Breast and Cervical Health Program as part of a statewide program to promote comprehensive breast and cervical screening services on seven reservations, Little Shell Chippewa Tribe and five urban centers in Montana. MAIWHC is made up of community and professional American Indian women whose purpose is to guide and assist the MBCHP with the American Indian Screening Initiative.

It is helpful for administrative sites and subcontractors to know that:

- a.** administrative sites with American Indian screening goals are encouraged to work with MAIWHC members in their site for targeted outreach. ♦

- b. statewide coalition representatives follow the established membership guidelines.
- c. MAIWHC meets twice a year in alternating statewide locations.
- d. administrative sites should be knowledgeable about and share information related to local resources with MAIWHC members. ♦
- e. MAIWHC members work with the MBCHP to guide and assist outreach and educational programs.

E. American Indian Screening Initiative Public and Professional Education Programs

IHS assigned staff, reservation appointed staff, and subcontractors:

- a. collaborate with administrative sites to maintain a specific public education and outreach program that is culturally specific to Montana American Indian women.
- b. participate in the implementation of client educational activities at every opportunity to enhance screening especially related to mammography.

F. Submission of MBCHP claims for medical service provider services

Administrative sites and subcontractors ♦:

- a. work with IHS service unit billing staff, reservation office staff, and other ancillary personnel to facilitate the submission of claims for all eligible MBCHP clients at least quarterly.
- b. review the quarterly Claims Summary by Provider report to facilitate claims submission on all eligible MBCHP clients.

G. MBCHP communication

Administrative sites ♦:

- a. must submit all required paperwork on behalf of the subcontractor to the MBCHP state office.
- b. must notify the data manager of all subcontractor information for the program directory.
- c. will attend all subcontractor calls along with the subcontractor.